

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3577

Reg. Dist. No. 51

The correct age
is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH- COUNTY <u>Cabnet</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Ind</u> COUNTY <u>Cabnet</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Adelphia</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Adelphia</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Ella</u>	(Middle) <u>W.</u>	(Last) <u>Conner</u>
4. DATE OF DEATH	(Month) <u>Apr.</u>	(Day) <u>22</u>	(Year) <u>1951</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>W</u>	8. DATE OF BIRTH <u>Apr. 8, 1879</u>
9. AGE last birthday <u>72</u> yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Cabnet County, Ind.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>William H. Hutchins</u>	14. MOTHER'S MAIDEN NAME <u>Betty E. Mead</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT AND ADDRESS <u>Harley Conner - Adelphia, Ind</u>	18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) <u>Chr. myocarditis</u>			
Antecedent cause(s) (b) <u>arteriosclerosis</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1/8</u> , 19 <u>48</u> , to <u>4/20</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4/20</u> , 19 <u>51</u> , and that death occurred at <u>10 p.m.</u> , from the causes and on the date stated above.			
SIGNATURE <u>S. J. Weems</u>		ADDRESS <u>Scoutingtown Md</u> DATE SIGNED <u>4/23/51</u>	
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF <u>Apr. 25, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Cabnet Cemetery</u>	LOCATION (City, town, or county) (State) <u>Baltimore, Ind</u>
DATE REC'D BY LOCAL REG. <u>4/24/51</u>	REGISTRAR'S SIGNATURE <u>H. W. Ward</u>	24. FUNERAL DIRECTOR ADDRESS <u>G. A. Harkness & Son - Mutual, Ind</u>	

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
APR 25 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3578

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH- COUNTY <u>Calvert</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Anne Arundel</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Prince Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Pera</u>	
TOWN <u>Prince Frederick</u> LENGTH OF STAY (in this place) <u>7 hr</u>		TOWN <u>Pera</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Calvert County Hosp.</u>		STREET ADDRESS (If rural, give location) <u></u>	
3. NAME OF DECEASED (First) <u>Mary</u> (Middle) <u>Virginia</u> (Last) <u>Knudsen</u>	4. DATE OF DEATH (Month) <u>April</u> (Day) <u>15</u> (Year) <u>1951</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>M</u>	8. DATE OF BIRTH <u>May 14, 1914</u>
9. AGE last birthday <u>36</u> yrs. <u>5</u> Months <u>5</u> Days <u></u> Hours <u></u> Min.		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (State or foreign country) <u>Calvert County, Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>George Stallings</u>		14. MOTHER'S MAIDEN NAME <u>Pearl Fowler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT AND ADDRESS <u>Pearl Fowler - Friendship, Md</u>		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>	
8165 Immediate cause (a) <u>Crushed chest</u>			
1700 Antecedent cause(s) (b) <u>Auto accident</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u></u>			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify) <u>SUICIDE</u>		PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>Luxury (Rt. 2)</u> (CITY OR TOWN) <u>Calvert, Md</u> (COUNTY) <u></u> (STATE) <u></u>	
TIME (Month) (Day) (Year) (Hour) <u></u> <u></u> <u></u> <u></u>		INJURY OCCURRED <u>While at Work</u> <input type="checkbox"/> <u>Not While At work</u> <input type="checkbox"/>	
HOW DID INJURY OCCUR? <u>Passing through a bush</u>			
22. I hereby certify that I attended the deceased from <u>19</u> to <u>19</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>8:30 P</u> m., from the causes and on the date stated above.			
SIGNATURE <u>H. W. Ward</u> (Degree or title) <u></u>		ADDRESS <u></u> DATE SIGNED <u></u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>April 15, 1951</u>	
NAME OF CEMETERY OR CREMATORY <u>Water's Memorial Cem.</u>		LOCATION (City, town, or county) <u>Calvert Creek, Md</u> (State) <u></u>	
DATE REC'D BY LOCAL REG. <u>4/17/51</u>		REGISTRAR'S SIGNATURE <u>H. W. Ward</u>	
24. FUNERAL DIRECTOR <u>A. G. Harkness & Son - Mutual, Md</u>		ADDRESS <u></u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 23 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 52

3579

1. PLACE OF DEATH COUNTY <u>Calvert</u> MARYLAND CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>Charles Frederick, Md</u> LENGTH OF STAY (in this place) HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Calvert County Hospital</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Calvert</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>North Beach</u> STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Ruth</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 2 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 12, 1898</u>
9. AGE last birthday <u>53</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Calvert County, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Clarence F. Trost</u>		14. MOTHER'S MAIDEN NAME <u>Sarah Ellen Trost</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY No. <u>111-111111</u>	
17. INFORMANT AND ADDRESS <u>Husband, Clarence King</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) <u>Carcinoma of sigmoid</u>		<u>6/50</u>	
Antecedent cause(s) (b) <u>Metastasis into brain</u>		<u>7/50</u>	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY	
(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Not While Work <input type="checkbox"/> At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from Jan. 12, 1951, to April 2, 1951, that I last saw the deceased alive on April 2, 1951, and that death occurred at 12:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>April 4, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery</u>	LOCATION (City, town, or county) (State) <u>St. Mary's, Md.</u>
DATE REC'D BY LOCAL REG. <u>April 3, 1951</u>	REGISTRAR'S SIGNATURE <u>Grace F. Neelands</u>	24. FUNERAL DIRECTOR <u>Wm. H. Neelands</u>	ADDRESS <u>St. Mary's, Md.</u>

MARGIN RESERVED FOR BINDING

VS. A1-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

720826

312

RECEIVED

APR 12 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

3580

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH- COUNTY <u>Calvert</u>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Calvert</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>W. Frederick</u>		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Huntingtown</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Calvert Co. Hospital</u>				STREET ADDRESS (If rural, give location) <u>Prince Frederick Md</u>	
3. NAME OF DECEASED (Type or Print) <u>Henry</u>		(First) (Middle) (Last)		4. DATE OF DEATH <u>4-10-51</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>3-30-1899</u>	9. AGE last birthday <u>52</u> yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>King George Va</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Not known</u>		14. MOTHER'S MAIDEN NAME <u>Not known</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY No.		17. INFORMANT AND ADDRESS <u>Marie Lucas, Huntingtown Md</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

592X Immediate cause (a) Uremia -

1312 Antecedent cause(s) (b) Heart Failure - Chronic Nephritis

Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Not While Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased
alive on....., 19....., and that death occurred at.....4 P.m., from the causes and on the date stated above.

SIGNATURE [Signature] (Degree or title) ADDRESS 50 Leman DATE SIGNED 4/12/51

23. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>4-14-51</u>		NAME OF CEMETERY OR CREMATORY <u>Patuxent</u>		LOCATION (City, town, or county) <u>Calvert Co.</u>		(State) <u>Md</u>	
DATE REC'D BY LOCAL REG. <u>4-12-51</u>		REGISTRAR'S SIGNATURE <u>N. W. Ward</u>		24. FUNERAL DIRECTOR <u>P. E. Sewell</u>		ADDRESS <u>Prince Frederick, Md</u>			

820105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 16 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3581

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH COUNTY CALVERT MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLAND COUNTY CALVERT	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN PRINCE FREDERICK		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN RURAL - PRINCE FREDERICK	
HOSPITAL OR INSTITUTION OR STREET ADDRESS CALVERT CO. HOSPITAL		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) LEWIS	(First) A (Middle) PIUMMER (Last)	4. DATE OF DEATH APRIL 7 19 51	
5. SEX MALE	6. COLOR OR RACE White	7. SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> (Specify)	8. DATE OF BIRTH MARCH 2 1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer	9. AGE last birthday 60 yrs. 7 Months 3 Days 3 Hours 1 Min.
11. BIRTHPLACE (State or foreign country) CALVERT Co., Md.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME CLARENCE PIUMMER		14. MOTHER'S MAIDEN NAME GERTRUDE CHANEY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) UNKNOWN		16. SOCIAL SECURITY No. 50	
17. INFORMANT AND ADDRESS Hospital Records			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) **Cerebral Vascular Accident**

Antecedent cause(s)

(b) **(Thrombosis)**

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

INTERVAL BETWEEN ONSET AND DEATH

21. ACCIDENT (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
SUICIDE	INJURY			
HOMICIDE				
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
OF INJURY				

22. I hereby certify that I attended the deceased from **April 1, 1951**, to **April 7, 1951**, that I last saw the deceased alive on **April 7, 1951**, and that death occurred at **9:30** m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Removal	Apr. 10, 1951	St. Paul's Cemetery	Prince Frederick	Md.
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS		
4-9-51	H. H. Ward	G. A. Farkness & Son - Trubal, Md.		

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

100105

325

RECEIVED

APR 12 1961

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3582

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY <u>Calvert</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Calvert</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Prince Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Castles (Rural)</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Calvert County Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>William</u> (First) <u>Raymond</u> (Middle) <u>Shenton</u> (Last)		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>11</u> (Year) <u>1951</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>M</u>	8. DATE OF BIRTH <u>Sept. 22, 1879</u>
9. AGE last birthday <u>71</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>Eastern Shore - Maryland</u>	
11. BIRTHPLACE (State or foreign country) <u>Eastern Shore - Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>William R. Shenton</u>		14. MOTHER'S MAIDEN NAME <u>Cora E. Shelldham</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>217-18-2438</u>	
17. INFORMANT AND ADDRESS <u>Effie Frances Shenton - Lady, Ind.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased

alive on April 11, 1951, and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>April 13, 1951</u>	<u>Our Lady Star of the Sea</u>	<u>Solomons</u>	<u>Ind</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>4-12-51</u>	<u>N.W. Ward</u>	<u>A.A. Harkness & Son - Mutual, Ind.</u>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

510-378

RECEIVED
APR 12 1951
BUREAU V. 4

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH COUNTY <u>Calvert</u> CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Prince Frederick</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Calvert County Hospital</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Calvert</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Chesapeake Beach</u> STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Baby Girl Swartz</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 3 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>April 3, 1951</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) <u>Prince Frederick Md.</u>	
13. FATHER'S NAME <u>Henry Louis Swartz</u>		14. MOTHER'S MAIDEN NAME <u>Edith Paula Swiger</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>Edith Swartz, Chesapeake Beach, Md.</u>		12. CITIZEN OF WHAT COUNTRY?	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) <u>Asphyxia - probably smothered</u>	
Antecedent cause(s)	(b) <u>terrant ear & injury to respiratory</u>	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(c) <u>colder</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 4/3, 1951, to 4/3, 1951, that I last saw the deceased alive on 4/3, 1951, and that death occurred at 6:15 m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)		DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS		
<u>April 4, 1951</u>		<u>Grace L. Hutchins</u>	<u>Wm. H. Hutchins, Owings</u>		

2-0-4-03-1-47-4-406

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

APR 12 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3584

Reg. Dist. No. 51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH- COUNTY <u>Cabot</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Cabot</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Sussex</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Solomons</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Evelyn</u> (First) <u>Woolford</u> (Middle) <u>Thomas</u> (Last)		4. DATE OF DEATH (Month) <u>Apr.</u> (Day) <u>15</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>M</u>	8. DATE OF BIRTH <u>Mar. 21, 1904</u>
9. AGE last birthday <u>47</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Rochester Co., Ind</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>Thomas M. Woolford</u>		14. MOTHER'S MAIDEN NAME <u>Bertie C. Foreman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY No. <u>?</u>	
17. INFORMANT AND ADDRESS <u>Robert Cabot - Solomons, Ind</u>		18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause <u>Fractures skull</u>			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last			
<u>Auto wreck</u>			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR? <u>Passing vehicle with truck</u>			
22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at....., 19....., m., from the causes and on the date stated above.			
SIGNATURE <u>A. W. Ward</u>		ADDRESS <u>O. M. 2.</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>April 18, 1951</u>	
NAME OF CEMETERY OR CREMATORY <u>Solomons M. E. Cemetery</u>		LOCATION (City, town, or county) (State) <u>Solomons, Ind</u>	
DATE REC'D BY LOCAL REG. <u>4/17/51</u>		REGISTRAR'S SIGNATURE <u>A. W. Ward</u>	
24. FUNERAL DIRECTOR <u>A. A. Harkness & Son - Indiana, Ind</u>		ADDRESS	

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VS. A15

RECEIVED
APR 23 1951
BUREAU Y. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3585

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH- COUNTY <u>Calvert</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Calvert</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Lusby Md</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Lusby, Md. Rural</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Maggie</u>	(Middle) <u>R.</u>	(Last) <u>Torney</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>P</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Calvert Co Md</u>
13. FATHER'S NAME <u>not known</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS <u>Elva White, Lusby Md</u>

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(a) Arteriosclerosis

(b) Age

(c)

INTERVAL BETWEEN ONSET AND DEATH

?

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Found dead in chair

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) SUICIDAL HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased

alive on....., 19....., and that death occurred at..... P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>4-13-51</u>	NAME OF CEMETERY OR CREMATORY <u>St Johns.</u>	LOCATION (City, town, or county) <u>Calvert</u> (State) <u>Md</u>
DATE REC'D BY LOCAL REG. <u>4-10-51</u>	REGISTRAR'S SIGNATURE <u>H. W. Hard</u>	24. FUNERAL DIRECTOR <u>P. E. Seccello Prince Frederick</u>	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 52

3586

1. PLACE OF DEATH COUNTY <u>CALVERT</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MARYLAND</u> COUNTY <u>CALVERT</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>PRINCE Frederick</u> LENGTH OF STAY (in this place) <u>3 months</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>PRINCE Frederick</u>	
TOWN <u>PRINCE Frederick</u>		TOWN <u>PRINCE Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>CALVERT Co. Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>EMORY</u> (First) (Middle) (Last) <u>WILBURN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 7 1951</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE <u>MARRIED</u> WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>APRIL 1, 1885</u> yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	9. AGE last birthday <u>66</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>CALVERT COUNTY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Virgil Wilburn</u>		14. MOTHER'S MAIDEN NAME <u>PRICILLA CRANFORD</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If year, give war or dates of service)		16. SOCIAL SECURITY No. <u>—</u>	
17. INFORMANT AND ADDRESS			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Nephrosclerosis

Antecedent cause(s)

(b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
HOMICIDE	INJURY			
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from April 6, 1950, to April 7, 1951, that I last saw the deceased alive on April 7, 1951, and that death occurred at 9:30 m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>April 9, 1951</u>	<u>Emmanuel</u>	<u>Prince Frederick</u>	<u>MD</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS		
<u>April 8, 1951</u>	<u>Grace L. Hutchins</u>	<u>Wm H. Hutchins, Prince Frederick, Md</u>		

100165

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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APR 12 1954
BUREAU V. L.